

2013 MAR 25 AM 8:08

Please type or print in ink.

NAME OF FILER

(LAST)

(FIRST)

(MIDDLE)

Gordon

Alan

Howard

1. Office, Agency, or Court

Agency Name

State Controller

Division, Board, Department, District, if applicable

Executive

Your Position

Deputy Controller

► If filing for multiple positions, list below or on an attachment.

Agency: \_\_\_\_\_

Position: \_\_\_\_\_

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ Multi-County \_\_\_\_\_

☐ City of \_\_\_\_\_

☐ Judge or Court Commissioner (Statewide Jurisdiction)

☐ County of \_\_\_\_\_

☐ Other \_\_\_\_\_

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2012, through December 31, 2012.

-or-

The period covered is \_\_\_\_\_, through December 31, 2012.

☐ Leaving Office: Date Left \_\_\_\_\_  
(Check one)

☐ The period covered is January 1, 2012, through the date of leaving office.

☐ The period covered is \_\_\_\_\_, through the date of leaving office.

☐ Assuming Office: Date assumed \_\_\_\_\_

☐ Candidate: Election year \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 1

☐ Schedule A-1 - Investments - schedule attached

☐ Schedule A-2 - Investments - schedule attached

☐ Schedule B - Real Property - schedule attached

☐ Schedule C - Income, Loans, & Business Positions - schedule attached

☐ Schedule D - Income - Gifts - schedule attached

☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☒ None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS

STREET

CITY

STATE

ZIP CODE

(Business or Agency Address Recommended - Public Document)

965

54th St.

Sacramento, Ca.

95819

DAYTIME TELEPHONE NUMBER

(916) 445-9028

E-MAIL ADDRESS (OPTIONAL)

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed

3/20/2013

(month, day, year)

Signature

(File the Original Signed Statement with your filing official.)

**California Form 700 – Statement of Economic Interests**

**Alan Gordon**

**Attachment 1: Multiple positions:**

| <b>Agency:</b>  | <b>Position:</b>                |
|---|---------------------------------|
| State Lands Commission  | Designated Member by Controller |
| California Pollution Control Financing Authority                          | Designated Member by Controller |
| California Alternative Energy Advanced Transportation Financing Authority | Designated Member by Controller |
| California Educational Finance Authority                                  | Designated Member by Controller |
| California Hospital Finance Authority                                     | Designated Member by Controller |
| California Ocean Protection Council                                       | Designated Member by Controller |
| California Tax Credit Allocation Committee                                | Designated Member by Controller |
| California Debt Limit Advisory Committee                                  | Designated Member by Controller |
| California Industrial Development Advisory Committee                      | Designated Member by Controller |

2013 MAR 28 AM 8:35

HUMAN RESOURCES  
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